

# Value-based Care helped a member live a healthier life.

Beth,\* in her early 60s, was battling depression, obesity and diabetes. She had limited mobility and labored breathing. She felt overwhelmed and rarely left her home.

But in 2014, things started to change for Beth. Based on state reports provided to UnitedHealthcare, a concerning pattern was noticed in Beth's health and well-being. UnitedHealthcare stepped in to enroll her in the insurer's Health Home program, which supports vulnerable individuals in Washington's Medicaid population.

Thanks to the program, Beth was connected to Halina French, a care coordinator from Aging and Long Term Care of Eastern Washington, a social services organization.

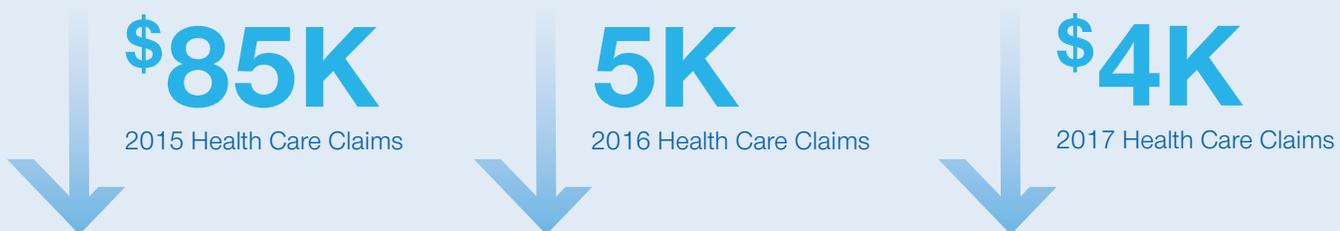
Halina collaborated with specialists and social services agencies to develop a care plan that helped Beth manage her conditions, address care barriers, and ensure her medical and social needs were met.

Through meaningful and consistent engagements, Halina became one of Beth's biggest champions. In just three years she dramatically improved her health, received regular primary care, reduced her medical costs and became more active in her community.

\*Beth is not the patient's real name; her name has been changed to preserve her privacy.

## Better health and better care led to lower costs.

Beth began going to regular PCP visits, participating in personal growth workshops and attending fitness classes twice a week at her local fitness center.



“Beth’s story shows the impact of coordinated care that brings together different social and medical care providers — and puts the patient at the center of everything.”

– Sharon Williams, UnitedHealthcare, West Regional Health Home Director

## How does Health Home work?

- ✓ Personalized, in-person support with the member and their doctors.
- ✓ Assistance accessing meaningful community services.
- ✓ Options for unique and customized activities tailored to their needs.